



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR PSYCHOLOGIST LICENSURE BY RECIPROCITY INSTRUCTION SHEET

Please read all instructions carefully before completing and submitting your application. Failing to follow instructions may delay your licensure. All auxiliary forms you need are included in this packet.

When to File Application by *Reciprocity*

Complete the *Application for Psychologist Licensure by Reciprocity* if you hold a *current* Psychologist license in another state AND at least one of the following statements is true:

- You have practiced continuously for at least two years or
- You hold a Certificate of Professional Qualification in Psychology (CPQ) or
- You are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

If you don't meet the criteria above, complete the [Application for Psychologist Licensure by Examination](#).

Requirements for *All Applicants*

- ☐ Submit a completed, signed and notarized *Application for Psychologist Licensure by Reciprocity*.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive a verification of licensure in good standing *from each* state that you hold (or have ever held) a license, sent *directly* to the Board office.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Other documentation required depends on whether you hold Certificate of Professional Qualification in Psychology (CPQ) or you are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP):

IF...	THEN...
You <i>currently</i> hold a CPQ or you are credentialed by the NRHSPP	Submit your CPQ or NRHSP verification (whichever pertains to you).
You do <u>not</u> hold a CPQ and you are not credentialed by the NRHSPP	<input type="checkbox"/> Arrange for the Board office to receive an official transcript showing that you have earned a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists. <ul style="list-style-type: none"> • A doctoral degree from a program accredited by the American Psychological Association (APA) meets this requirement. <input type="checkbox"/> If your program is not APA-accredited, submit course descriptions (e.g., course catalog) and complete the <i>Evaluation of Coursework</i> form to assist the Board in evaluating your program. <ul style="list-style-type: none"> • This documentation is required <i>in addition to</i> the official transcript and must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's Rules and Regulations. <input type="checkbox"/> Arrange for the Board office to receive your EPPP scores sent from the <i>Association of State and Provincial Psychology Boards</i> (ASPPB) <i>directly</i> to the Board office. To obtain a score report, see www.asppb.org .



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APPLICATION FOR PSYCHOLOGIST LICENSURE BY RECIPROCITY

TYPE OF APPLICATION

1. Select the statement(s) that applies to you:

- ☐ I hold a *current* license in at least one State other than Delaware and:
- ☐ I hold a Certificate of Professional Qualification in Psychology (CPQ).
- ☐ I am credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

Submit your CPQ or verification of NRHSPP credentialing (whichever pertains to you).

- ☐ I hold a *current* license in at least one State other than Delaware and I have two years of continuous experience after licensure.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name: _____
Last/Family Name First Middle
3. Other Name(s) Used: _____
4. Date of Birth (mm/dd/yyyy): _____ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
- If Yes, Enter your SSN: _____
 - If No, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____

City State Zip
7. Phone: _____ Email: _____
Daytime Home

EDUCATION & EXAMINATION – Applicants who hold a CPQ or NRHSPP credential may skip this section.

8. Enter your doctoral degree information below:

University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript sent directly from your college or university to the Board office. The transcript must show your doctoral degree.

9. Was your doctoral program APA-accredited? Yes ☐ No ☐ **If no, submit a course catalog or other course descriptions and complete the *Evaluation of Coursework* form.**
10. Have you passed the Examination for Professional Practice in Psychology (EPPP)? Yes ☐ No ☐ **If yes, arrange for the Board office to receive a score report sent directly from the Association of State and Provincial Psychology Boards (ASPPB).**
11. Do you have a Diplomate of American Board of Examiners in Professional Psychology? Yes ☐ No ☐ **If yes, enter:**
- Diploma Number: _____ Issue Date: _____ Specialty: _____

LICENSURE HISTORY– All applicants complete this section.

12. Are you (*or have you ever been*) licensed or certified as a psychologist in any other state? Yes ☐ No ☐ **If yes, enter the following information about *each* license:**

STATE	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for the Board office to receive a verification of licensure in good standing, sent directly to the Board office from *each* state listed

DISCLOSURES – All applicants complete this section.

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
14. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit an official Board order or other documents.**
15. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**
16. Are any disciplinary / ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**

PROFESSIONAL EXPERIENCE – Applicants who hold a CPQ or NRHSPP credential may skip this section.

17. Enter the information about each employer where you have practiced psychology during the two years prior to this application. You may duplicate this page as needed.

EMPLOYER		
Name of Employer: _____		
Employer Address: _____		
_____	_____	_____
City	State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____		
Month	Year	Month Year
Briefly describe the nature of this practice. (Attach separate sheet if necessary)		

EMPLOYER		
Name of Employer: _____		
Employer Address: _____		
_____	_____	_____
City	State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____		
Month	Year	Month Year
Briefly describe the nature of this practice. (Attach separate sheet if necessary)		

EMPLOYER		
Name of Employer: _____		
Employer Address: _____		
_____	_____	_____
City	State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____		
Month	Year	Month Year
Briefly describe the nature of this practice. (Attach separate sheet if necessary)		

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Psychologist by the Board of Examiners of Psychologists under the standards, qualifications and procedures established under Title 24, Chapter 35, of the *Delaware Code*. I have read the State statute governing psychologists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Psychology in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____.

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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EVALUATION OF COURSEWORK

If your doctoral degree in psychology is from a program of studies that is not accredited by the American Psychological Association, complete this form to assist the Board in evaluating your coursework. In addition, submit a course catalog or course descriptions.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

History and Development	Course #	Course Title
Biological aspects of behavior		
Cognitive and affective aspects of behavior		
Social aspects of behavior		
History and systems of psychology		
Psychological measurement		
Research methodology		
Techniques of data analysis		

Foundations of Practice	Course #	Course Title
Individual differences in behavior		
Human development		
Dysfunctional behavior or psychopathology		
Professional Standards		
Ethics		

Diagnosing & Intervention Strategies	Course #	Course Title
Theories, methods of assessment & diagnosis		
Effective intervention		
Consultation and supervision		
Evaluating the efficacy of interventions		
Issues of cultural and individual diversity		